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ABSTRACT

Findings are reported from a statewide survey of middle and junior high schools in Wisconsin. The study had two major purposes: (1) to determine the extent to which the clinical supervision cycle was a component of staff development programs; and (2) to identify characteristics of existing clinical supervision practices within staff development programs. As defined for this study, the clinical supervision cycle has three components: preconference, observation, and postconference. Of the 136 principals who responded to the survey, 84 percent indicated that they had formal staff development programs at their schools and that 39 percent of these programs included the clinical supervision cycle. Although the original concept of clinical supervision, as outlined in the literature, does not view clinical supervision as evaluation, a significant number of respondents indicated that, at their schools, clinical supervision was used for assessment and evaluation. The data also indicated that, at many schools, the clinical supervision cycle was used to assist teacher growth and development. (Contains 18 references.) (IAH)

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The Clinical Supervision Cycle: A Component of Staff Development Programs

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Educational literature abounds with calls for restructuring, teacher empowerment, and professional development. In response to these calls, authors present case studies of individual schools and districts highlighting local initiatives. While these case studies provide insight and suggest direction for change, they do not provide data on a large scale basis documenting current practice. This study provides data in relation to inclusion of the clinical supervision cycle as a component of staff development programs in Wisconsin middle and junior high schools. The objectives of the study were twofold: 1) to ascertain the extent to which the clinical supervision cycle was a component of staff development programs; and 2) to identify characteristics of existing clinical supervision practices within staff development programs.

Staff Development

Staff development is required in Wisconsin school districts (Section 121.02(1), Wisconsin Statutes). Intended for all school personnel including support staff (Dillon-Peterson, 1981), its primary purpose is professional renewal (Glickman, 1990) which will ultimately result in better learning for students.

Many studies have been conducted ascertaining key components of effective staff development and in-service programs. Findings from Joyce and Showers suggest that "in-service programs that use presentation, demonstration, and practice as well as classroom feedback and coaching are more successful than programs that do not use feedback and coaching" (Glickman, 1990, p. 312). Showers, Joyce, and Bennett (1987) furthermore report that:

* What the teacher *thinks* about teaching determines what the teacher *does* when teaching. In training teachers, therefore, we must provide more than 'going through the motions' of teaching.

* Almost all teachers can take useful information back to their classrooms when training includes four parts: (1) presentation of theory, (2) demonstration of the new strategy, (3) initial practice in the workshop, and (4) prompt feedback about their efforts.

* Teachers are likely to keep and use new strategies and concepts if they receive coaching (either expert or peer) while they are trying new ideas in their classrooms (p. 79).

In a similar vein, Goldenberg and Gallimore (1991) note that "quick-fix workshops [will not work]. We must, instead, create contexts in teachers' work lives that assist and sustain meaningful changes. These contexts should consist, preeminently, of engaging teachers in rigorous examinations of teaching" (p. 69). Lambert (1989) agrees with this view stating the "new staff developer will assist professionals to: inquire into and reflect upon practice, elicit and share craft knowledge, ...lead and work collaboratively..." (p. 81).

These findings suggest that one component of successful staff development programs will include the opportunity for teachers to work collaboratively with peers and experts to actively explore teaching practices. Such investigation of teaching practice can be conducted using clinical supervision principles and techniques.

Clinical Supervision

Clinical supervision has been defined in a variety of ways. One common definition states clinical supervision is:

> that phase of instructional supervision which draws its data from first-hand observation of actual teaching events, and involves face-to-face (and other associated) interaction between the supervisor and teacher in the analysis of teaching behaviors and activities for instructional improvement.
> (Goldhammer, Anderson, and Krajewski, 1980, p. 19-20)

Underlying clinical supervision are a variety of beliefs. These beliefs begin to suggest how clinical supervision may be translated from concept to practice. Beliefs include:

* pattern analysis based on records of classroom events;
* face-to-face relationships, dialogue, trust;
* in-class support;
* the cyclical, long term, nature of the process;
* the notion that teachers want to and are capable of improving their practice;
* the notion that clinical supervision is a concept, not a method;
* the notion that clinical supervision is not evaluation (Cogan, 1973; Goldhammer, Anderson, & Krajewski, 1980).

At the heart of the clinical supervision cycle is the belief in teacher desire and ability to improve instructional delivery. It focuses on "the development of the professionally responsible teacher who is analytical of his[/her] own performance, open to help from others, and withal self-directing" (Cogan, 1973, p. 12).

Benefits of programs where clinical supervision principles are applied include:

** reduction in feelings of isolation (Raney & Robbins, 1989; Cooper, Iorio & Poster, 1991);
** the development of avenues for diagnosing and solving instructional problems (Acheson & Gall, 1987);
** an expansion of teacher understanding of suitable alternatives to current practice (Thorlacius, 1984);
** the development of collegial respect and self understanding (Coe, 1990); and
** the development of a scholarship of practice (Blumberg, 1990).

Clinical supervision thus defined becomes a logical component of staff development programs as an environment which encourages experimentation. Growth can be fostered as teachers receive feedback and opportunities for reflection on their current state of instruction as well as opportunities to examine and challenge current practice and taken-for-granted assumptions (Smyth, 1986).

Methods

This study utilizes survey research methodology. A survey instrument was developed by the authors and mailed to principals of all Wisconsin middle and junior high schools in late April, 1992. The instrument asked respondents if the staff development program in their building had a clinical supervision cycle component. Principals were also asked if this cycle was called clinical supervision, was part of another program such as teacher mentoring, or was called by a name unique to their building or district. Questions asking for school demographics, program participation rates, reporting mechanisms, and an open-ended question asking for a brief program description were also included.

Content validity for the instrument was determined by pilot testing the instrument in a graduate level clinical supervision course. The instrument was additionally piloted for clarity and readability in a second graduate level course entitled Legal and Ethical Aspects of Education. Revisions based upon student comments were made.

Data were analyzed using both quantitative and qualitative methods. Descriptive statistics were generated to develop a portrait of current staff development practices as they relate to the clinical supervision cycle while a correlation between community size and clinical supervision practices was run to ascertain if any relationship existed between community size and clinical supervision practices within staff development programs. Content analysis was utilized to explore data received in the open-ended question which asked respondents to briefly explain the clinical supervision cycle as it exists within the staff development program at their school.

Findings

A total of 314 Wisconsin middle and junior high schools were sent survey instruments; of these, 136 were returned for a response rate of 43%. One hundred fourteen (84%) of the respondents indicated they had formal staff development programs in their schools. Fifty three schools (39%) responded that they had the clinical supervision cycle as a component of their staff development program although five of the 53 indicated that the staff development program was not formal. An additional 46 schools (34%) reported that they utilized the clinical supervision cycle within their schools but that it was not associated with the staff development program. Findings involving all Wisconsin junior and middle schools which use the clinical supervision cycle in their buildings will be reported at a later date.

Middle and junior high schools which included the clinical supervision cycle as a component of staff development programs all housed grades seven and eight. Additionally, 36 schools (68%) included grade six while 15 (28%) housed grade nine. A smaller number of schools housed grades prekindergarten through middle or middle through 12. No schools were K-12. The mean number of students in a school was 566, with the range going from 82 to 1363 (median=555; mode=800). An average of 42 teachers served the students (range 14-86) along with 1.7 administrators (range 1-4). Schools also reported various numbers of professional staff (library, guidance, etc.) (range 1-40), support staff (aides, secretaries, etc.) (range 1-19), and others.

Communities where these schools were located varied in both geographic location and population. Geographically, all regions of the state were represented in both total responses and schools reporting the clinical supervision cycle in their staff development program. Community populations, according to the 1989 census, varied in size from 100 to 636,200. However, there was no relationship between community population and schools which included the clinical supervision cycle in their staff development program, $r=.15$ ($p>.05$).

Staff development program coordination in schools where the clinical supervision cycle is a component of staff development varied and is frequently carried out at several different levels. A total of 45 respondents indicated program coordination occurred at the district level, 34 responses indicated building level coordination, and 16 programs were coordinated at the grade or department level.

Participation in staff development programs as reported by schools which included the clinical supervision cycle in staff development programs was mandatory in 25 schools, voluntary in 4 schools, and both voluntary and mandatory in 23 schools. Rationales for both voluntary and mandatory attendance in staff development programs included explanations citing some programs

were mandatory while others were voluntary or nontenured teachers were required to attend programs while experienced teachers had an option.

The clinical supervision cycle which was associated with staff development programs was called by a variety of names. In 32 schools it was referred to as clinical supervision. Ten schools included the cycle in a mentoring program, one school included it in both mentoring and induction programs, and one school only in induction programs. Coaching was another popular title to call the program. Five schools called it peer coaching, three called it coaching, one school referred to its program as colleague coaching, and one school clinical coaching. Hunter or effective teaching strategies were the titles of three programs. Evaluation, supervision, or evaluation/supervision were the labels in five buildings. One school simply called the process preconference/post conference and two schools did not have any particular name for the process.

In response to the question, "Is the clinical supervision cycle a component of another staff development project?" the answer was generally yes. Twenty three schools utilize the clinical supervision cycle in their beginning teacher induction program, 17 schools use it in the training of administrators involved in evaluation, 15 schools link it with their mentoring program and ten to the peer coaching program. Five schools responded that the clinical supervision cycle is associated with other projects including effective teaching (2), the Hunter model (1), is a staff development offering (1), and a cooperative learning project (1). Twelve schools responded that, no, it is not part of any other staff development project.

Schools have been involved with clinical supervision in their staff development programs for varying lengths of time. One school reported adding this component in 1970. More recent additions are the rule with the majority of schools adding this component in the second half of the 1980's (see figure 1).

Figure 1: Year Clinical Supervision Implemented

Year	Frequency	Year	Frequency
1970	1	1986	4
1975	1	1987	7
1978	1	1988	4
1980	1	1989	6
1982	6	1990	6
1984	4	1991	2
1985	6	1992	1

The idea to include the clinical supervision cycle in staff development programs came from multiple sources. In 35 instances it was reported that the district administration initiated its

inclusion while in 33 cases it was the building administration. Staff development planning committees initiated its inclusion in 17 schools as did the district staff development coordinator in 14 schools. Lastly, individual teachers (4), a consultant (1), community members (1), the Board of Education (1), the local Cooperative Educational Service Agency (CESA) (1), and unsure (1) completed checked responses.

Participation in the clinical supervision cycle was mandatory in 46 schools and voluntary in nine. In 48 schools, teachers participated in the cycle and in 39 schools administrators did. Professional staff were participants in 35 schools as were support staff in 12 schools. The relationship between participants was most frequently administrator with teachers, 46 schools. However, administrator with administrator was the format in 14 schools, grade level peers were matched in 11 schools, department members in 10 schools, and team peers in six schools. Participant matching was generally assigned by the administration, 39 schools. In ten schools matching was completed on a self selection basis, while in seven schools participants were matched in association with a mentoring or induction process.

Participation records were kept in 50 schools with 45 respondents indicating specific forms need to be filed in conjunction with the cycle. In 25 schools the clinical supervision cycle results are reported while 20 respondents indicated they were filed. No results needed to be reported in 13 schools.

Finally, in 43 schools, respondents indicated that the clinical supervision cycle -- which was associated with the staff development program -- was used for evaluation.

While quantitative data are able to provide a numerical profile of schools which include the clinical supervision cycle in their staff development programs, content analysis provides an additional dimension via identification of common themes and patterns. Thirty five schools which include the clinical supervision cycle in their staff development program responded to the open ended question: "Please describe the basic characteristics of the clinical supervision component of your staff development program." It was found that 31 of the schools included the following format of clinical supervision: pre-observation/goal setting conference, observation, and post-observation conference with a write-up of the conference. Three schools specifically mentioned using the Hunter model while one mentioned included using both the Hunter model and the Cardinal Stritch Model on peer coaching. One respondent mentioned extensive training in clinical supervision with Hunter and Stochowski. Another respondent mentioned participation in a Department of Public Instruction presentation regarding beginning teachers and supervision.

The use of clinical supervision as part of a district's evaluation procedures was a common theme. Fourteen of 35 schools specifically used the word evaluation in response to the open ended question. Two respondents mentioned that a summative report was completed at the end of the year. And, two respondents reported the clinical supervision cycle was used to diagnosis and plan for remediation. Typical responses included:

> "Yearly evaluation used pre-conference, observation, and post-conference. Report is then written up and given to teacher."
>
> "Each staff member is observed/evaluated once a year... A pre and post conference is held... A teacher in remediation may be observed and evaluated more frequently."
>
> "Our clinical supervision program is part of our evaluation system; in fact, it is probably the key part of it. The concept of improvement and growth is most emphasized. Our instruments are very general, and call for generalized comments. We need more specific instruments just for this purpose."

Another common pattern is that administrators implement the clinical supervision model, carry out the observation, and complete reports. Eight respondents specifically reported that administrators complete formative and summative reports following observations.

> "[Our system involves the following steps:]
> 1. Pre-conference - administration and teacher objectives, etc. discussed.
> 2. Classroom observation: evaluation done in narrative form.
> 3. Post conference - administration and teacher.
> 4. Evaluation form sent to district administration
> 5. Two formal observations per year...."

Some schools provide release time, mentoring programs, or inservice as part of their staff development programs. One school reported release time for teachers to receive instruction in clinical supervision. And, one school reported that new teachers receive instructional coaching as do veteran teachers if they so desire.

> "New staff are released from their teaching duties for six half days to go through clinical supervision instruction. They are observed and conferenced with three times during that period."
>
> "Veteran teachers can voluntarily enroll in a

> 30-hour course on effective teaching elements. As a follow-up, these teachers then are coached by an instructional coach for 1 1/2 years. Each teacher can join a study group which meets monthly to reinforce the initial course content.
>
> New teachers are coached at least once during the first year. They are required within the first two years to enroll in the 30-hour course and follow-up described above."

While staff development programs generally were run by administrators at the building or district level, one school reported that their staff development program was staff-run. This school also used workshops to encourage collegiality.

> "Basically, we have a staff development program that is staff run. We have had workshops on peer coaching with collegiality, and workshop presentations. Staff members are coaching with each other. Through the evaluation process, a teacher and administrator may agree to have, as one of the goals, peer coaching. The administrator may also suggest that a teacher work with a colleague who has expertise in a given area. Both administrator and teacher talk with the colleague to confirm and establish expected outcomes. The staff is given professional trust to work on the task on their own and report progress."

Lastly, two districts reported that support staff were included in the clinical supervision cycle of their staff development program.

> "Each staff member is observed/evaluated once a year... Support staff are evaluated on aspects unique to their job assignments."
>
> "...Support staff, i.e. guidance, librarian complete list of personal performance objectives and indicate at end of year how they were completed. Administration writes narrative evaluating objectives."

In summary, many schools participating in this study recognize the importance of encouraging growth and success. Fourteen of the 35 respondents addressed personal and professional growth, goal-setting including job targets, collegiality, and success as foci for clinical supervision. One school specifically stated that improved job satisfaction and morale were goals of their district's staff development program.

Discussion

Individuals in 136 schools returned survey questionnaires asking if their school had a staff development program and if the program included the clinical supervision cycle. Eighty four percent of the respondents indicated they had formal staff development programs in their school and 39% indicated they also included the clinical supervision cycle. This response rate suggests that Wisconsin middle and junior high schools most typically include a staff development program in their building and that the use of the clinical supervision cycle within the staff development program is also popular.

The clinical supervision cycle as defined by the authors includes a preconference, observation, and post conference. Respondents concurred with this definition adding that the preconference was also a time for goal setting or specifying job targets and that formative and summative write-ups or evaluation were part of the cycle. Four schools specifically stated they followed the Hunter model while two respondents reported that they had extensive training in clinical supervision. This data suggests that respondents are generally familiar with the clinical supervision cycle.

While respondents are familiar with the clinical supervision cycle, it may be questioned if they have studied the underlying beliefs of clinical supervision. Forty three out of 53 respondents reported the clinical supervision cycle was used for evaluation. This is in direct contradiction to the original concept of clinical supervision as stated by Cogan (1973) and Goldhammer, Anderson, and Krajewski (1980) which includes a belief that clinical supervision is not evaluation.

On the other hand, staff development literature suggests that assessment or evaluation are important components of staff development programs. Sparks & Loucks-Horsley posit that staff development strategies can be organized into five models which include "individually-guided staff development, observation/ assessment, involvement in a development/improvement process, training, and inquiry" (Hirsh & Ponder, 1991, p. 45). Duke links professional growth with evaluation suggesting a four year professional development cycle for tenured teachers who meet basic performance standards. Such teachers would work for three years on a professional growth plan then in the fourth year go through an "accountability system to assure that they still met basic performance standards" (Duke, 1990, p. 71). If these staff development principles are followed, it is not surprising to see the word evaluation associated with staff development. Likewise, use of the clinical supervision cycle might be explained as merely a convenient way to handle the assessment portion of staff development.

The final theme to be discussed involves the use of the clinical supervision cycle in mentoring, peer coaching, and other inservice classes for the specific purpose of encouraging teacher

growth and effectiveness. Respondents mentioning these themes indicated that specific instruction relating to clinical supervision is provided to teachers then clinical supervision principles are followed to assist in teacher growth and development. Inclusion of the clinical supervision cycle within other staff development programs for this purpose concurs with the staff development literature. Barth (1990) writes that staff development provides adult learning opportunities to assist teachers who are willing to reflect on and investigate their teaching practices with the intention/goal of sharing with and coaching other colleagues. Fessler (1990) writes that staff development can offer teachers leadership options which include mentoring new teachers and peer coaching. He continues with stating that the coaching role is especially helpful for teacher growth as the "ambiguity of roles that confronts the administrator-supervisor would not be present here" (Fessler, 1990, p. 63-4). The clinical supervision cycle then provides a vehicle to encourage professional development.

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